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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Nevada Republican Central Committee 840 S. Rancho Dr. Suite 4-800 ADDRESS (number and street) (Check if address is changed) Las Vegas 89106-3837 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS katie.montana.campaigns@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.nevadagop.org (Check if address is changed) DATE 2023 C00082925 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bertrand, Michael, J,, Type or Print Name of Treasurer Bertrand, Michael, J,, [Electronically Filed] 02 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FE	EC Form 1	(Revised 03/2022)	Page <b>2</b>
	TYPE OF	COMMITTEE:	
	Candida	ate Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name o Candida		
	Candida Party At		State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid		
	Party Co	ommittee:	
	_	This committee is a STA (National, State PED)	etc.) Party
	Political	Action Committee (PAC):	
		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	(5)	E	
		Corporation Corporation w/o Capital Stock Labor C	rganization
		Membership Organization Trade Association Coopera	ative
		In addition, this committee is a Lobbyist/Registrant PAC.	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g)	This committee is an independent expenditure-only political committee (Super PAC).	
	(3)	In addition, this committee is a Lobbyist/Registrant PAC.	
	(6)		10)
	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	4C).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fu	undraising Representative:	
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees.	or more political
	(i)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comm	nittees Participating in Joint Fundraiser	
	1.	C	

Write or Type Committee Name  Nevada Republican Central Committee  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spc Carson City Republican Central Comm  Mailing Address  PO Box 3117  CITY  STATE  TIP CODE  Relationship: Connected Organization  Affiliated Organization  Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie,  Full Name  Mailing Address  PO Box 5315  Helena  MT 59604	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spc Carson City Republican Central Comm  Mailing Address  PO Box 3117  CITY A STATE A ZIP CODE A  Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie,  Full Name PO Box 5315  Helena MT 59604	
Carson City Republican Central Comm  Mailing Address  PO Box 3117  Carson City  NV 89702-3117  CITY A STATE A ZIP CODE A  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  Mailing Address  PO Box 5315  Helena  MT 59604	nsor
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  Mailing Address  PO Box 5315  Helena  MT 59604	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  Mailing Address  PO Box 5315  Helena  MT 59604	
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  Mailing Address  PO Box 5315  Helena  MT 59604	
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Helena  MT 59604	
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Helena  MT 59604	1 1
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PA  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Helena  Helena  MT 59604	1 1
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committed books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Helena  Helena  MT 59604	<u> </u>
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committ books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Helena  Helena  MT 59604	
books and records.  Wenetta, Katie, , ,  Full Name  PO Box 5315  Mailing Address  Helena  MT 59604  —	
Full Name  Mailing Address  PO Box 5315  Helena  MT 59604  —	ee
Mailing Address  PO Box 5315  Helena  MT 59604  —	
Mailing Address  Helena  MT 59604  ———————————————————————————————————	
	1 1
CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼	
Custodian of Records Telephone number	
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	ess of
Full Name Bertrand, Michael, J, ,	
of Treasurer	
Mailing Address 777 E William St.	
Suite 206	
Carson City NV 89701	
CITY ▲ STATE ▲ ZIP CODE ▲	<b>\</b>
Title or Position ▼    Treasurer	5186

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Full Name of Designated Agent	Wenetta, Katie, , ,	
Mailing Address	PO Box 5315	
	Helena MT	59604
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼		
Custodian of Rec	ords Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits functions or maintains funds.	ds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Bank Of Nevada	
Mailing Address	8505 Centennial Parkway	
	Las Vegas NV	89149
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean   VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	.g		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Trump Victory			
	138 Conant St		
Mailing Address			
	Ste 2		
	Beverly	MA MA	01915-1666
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and the control of Bank, Bank (	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice aintains funds.  Of Nevada	STATE   Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice aintains funds.  Of Nevada	STATE   Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisin</b>	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representati	ive, or Leadership PAC Spor
Big Dan Rodimer	Victory Committee		
Mailing Address	50 S Jones Blvd		
Mailing Address	Ste 201		
		, NV	89107-2680
B.1.11.	Las Vegas		
Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
		oint Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify	Affiliated Committee	int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify		int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify		int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify			ntative Leadership PAC S
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.  Bank of Bank, epository, etc.	v by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.  of Nevada	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.  Bank of Bank, epository, etc.	v by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.  of Nevada	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			   FEC ID	number	С
ame of Any Connected	Organization, Affi	iliated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spon
TAKE BACK THE	HOUSE 202	2		1 1 1	
L					
Mailing Address	PO BOX 30844				
			<u> </u>		
			1	MD	20824-0844
	BETHESDA		1 1 1 1		
Relationship:	BETHESDA  d Organization	CITY   Affiliated Committee	Joint Fundraising	STATE A	ZIP CODE ▲ ative Leadership PAC S
Connected	d Organization				
Connected	d Organization	Affiliated Committee			
Connected esignated Agent: Identify	d Organization	Affiliated Committee			
Connected esignated Agent: Identify Full Name	d Organization	Affiliated Committee			
Connected esignated Agent: Identify Full Name	d Organization  y by name, addres	Affiliated Committee  s (phone number – options			ative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	d Organization  y by name, addres	Affiliated Committee  s (phone number – options	al)	Representa	ative Leadership PAC S
esignated Agent: Identify	d Organization  y by name, addres	Affiliated Committee  s (phone number – options	al)	Representa	ative Leadership PAC S

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	ng Participant:		
1.		FEC ID numb	per C
2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		   FEC ID numb	per C
	Organization, Affiliated Committee, Joint I	Fundraising Represent	ative, or Leadership PAC Spon
BECKER VICTOR	RY COMMITTEE		
Mailing Address	50 S JONES BLVD STE 201	1 1 1 1 1 1 1	
	LAS VEGAS	NV.	89107
Relationship:	CITY ▲	STATI	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC S
1			
Full Name			
Full Name			
	CITY A	STATE	
Mailing Address	CITY A		
Mailing Address  TITLE OR POSITION	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	CITY A  Pries: List all banks or other depositories in valintains funds.	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	CITY A  Pries: List all banks or other depositories in valintains funds.	STATE Telephone Number	ZIP CODE A  Dosits funds, holds accounts, ren

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		0
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	ising Representative	, or Leadership PAC Sponsor
	Mailing Address	50 S JONES BLVD #201		
		LAS VEGAS	NV NV	89107
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
		1		
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		I	ephone Number	
Э.	Banks or Other Depositor			
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.  f Nevada	ne committee deposits	s funds, holds accounts, rents
	Name of Bank, Bank o	intains funds.	ne committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	intains funds.  f Nevada	ne committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	intains funds.  f Nevada	ne committee deposits	s funds, holds accounts, rents

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	nicing Ponrocentative	o or Londorphin DAC Spon
•	KER LAXALT VICTORY COMMITTE	• .	e, or Leadership PAC Spon
<u> </u>			
Marilla and Addison	901 N WASHINGTON ST		
Mailing Address	SUITE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A lephone Number	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Bank of	y by name, address (phone number – optional)  CITY   Te  pries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Bank of	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which saintains funds.	STATE A lephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  Of Nevada	STATE A lephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.  Of Nevada	STATE A lephone Number	ZIP CODE A

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1.			FEC ID numbe	er C
2.			FEC ID numbe	er C
3.			FEC ID numbe	er C
4.			FEC ID numbe	er C
		iliated Committee, Joint Fo	ındraising Representa	tive, or Leadership PAC Spon
BECKER NEVAD	A FUND			
Mailing Address	50 S JONES B	LVD		
Mailing Address	#201			
			ı NV	89107
	LASVEGAS		111.0	
<b>5</b>	LAS VEGAS			
	d Organization	CITY A  Affiliated Committee	STATE  Joint Fundraising Representation )	
Connected	d Organization	Affiliated Committee x	Joint Fundraising Repres	
Connecter connec	d Organization	Affiliated Committee x	Joint Fundraising Repres	
Connected esignated Agent: Identify Full Name	d Organization	Affiliated Committee x	Joint Fundraising Repres	
Connected esignated Agent: Identify Full Name	d Organization  y by name, addres	Affiliated Committee x	Joint Fundraising Represe	
Connected esignated Agent: Identify Full Name	d Organization  y by name, addres	Affiliated Committee x	Joint Fundraising Represe	entative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	d Organization  y by name, addres	Affiliated Committee x	Joint Fundraising Representation	entative Leadership PAC Sp

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
LAXALT VICTOR	Y FUND		
Mailing Address	50 S JONES BLVD #201		
	LAS VEGAS	NV NV	89107
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)		Leadership TAC C
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		Leadership TAC C
Full Name	y by name, address (phone number – optional)		Leadership TAC C
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited deposited boxes or mailing and marked the second s	CITY   CITY   Telegries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite datety deposit boxes or mame of Bank, Bank of Bank	CITY   CITY   Telegrates: List all banks or other depositories in which aintains funds.  Of Nevada	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite datety deposit boxes or mame of Bank, Bank of Bank	CITY   CITY   Telegries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY   CITY   Telegrates: List all banks or other depositories in which aintains funds.  Of Nevada	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY   CITY   Telegrates: List all banks or other depositories in which aintains funds.  Of Nevada	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

draising Participant:		
	FEC ID number	C
nected Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
LKER VICTORY COMMITTEE		
DO DOV 754074		
SS PO BOX 751271		
LAS VEGAS	NV	89136
CITY A	STATE ▲	ZIP CODE ▲
onnected Organization Affiliated Committee	t Fundraising Representa	tive Leadership PAC Sponsor
Identify by name, address (phone number - optional)		
1		1
CITY A	STATE ▲	ZIP CODE ▲
I	elephone Number	
	·	
enositories: List all banks or other denositories in which	the committee deposits	
		s funds, holds accounts, rents
s or maintains funds.		s funds, holds accounts, rents
		s funds, holds accounts, rents
s or maintains funds.  Sank of Nevada  IPO Box 26237		s funds, noids accounts, rents
s or maintains funds.  Sank of Nevada		s funds, noids accounts, rents
s or maintains funds.  Sank of Nevada  IPO Box 26237	NV	s funds, noids accounts, rents
	SITION   PO BOX 751271  LAS VEGAS  CITY   Affiliated Committee  X Joint  CITY     CITY    CITY    CITY    CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY      CITY      CITY	FEC ID number  STATE A  STATE A  Telephone Number

FEC Form 1S (Revised 02/2017)

1		FEC ID number	С
3.			
		FEC ID number	С
		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
NRCC NEVADA V	/ICTORY		
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	, ,   VA	22314
Relationship:  Connected	CITY A  I Organization  Affiliated Committee	STATE ▲ Fundraising Representa	ZIP CODE ▲  ative Leadership PAC Sp
Connected			
Connected esignated Agent: Identify	1 Organization Affiliated Committee X Joint		
esignated Agent: Identify  Full Name	1 Organization Affiliated Committee X Joint		
esignated Agent: Identify  Full Name	Affiliated Committee		Leadership PAC Sp
esignated Agent: Identify  Full Name  Mailing Address	Affiliated Committee   Dinter by name, address (phone number – optional)		
Connected resignated Agent: Identify	Affiliated Committee  y Joint  by name, address (phone number – optional)  CITY	Fundraising Representation	Leadership PAC Sp

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lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
TAKE BACK THE	SENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	EFundraising Representa	Leadership FAC Sp
esignated Agent: Identi		Tunuraising Represent	Leadership FAC Sp
esignated Agent: Identi		Tunuraising Representa	Leadership PAC Sp
esignated Agent: Identi			Leadership FAC Sp
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  Line Line Line Line Line Line Line Line	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the property of the position of Bank, depository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraisin</b>	g Participant:			
1		FEC ID	number	C
2		FEC ID	number	C
3.		FEC ID	number	C
4.		FEC ID	number	C
Name of Any Connected TARGETED STA	Organization, Affiliated Committee, Joint	t Fundraising Repr	esentative	e, or Leadership PAC Sponso
I A COLIED OTA				
Mailing Address	310 1ST ST SE			
	WASHINGTON		DC	20003
	WASHINGTON		DC	20003
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
		<b>✗</b> Joint Fundraising	Representa	ttive Leadership PAC Spor
Designated Agent: Identify  Full Name	Organization Affiliated Committee  by name, address (phone number – option		Representa	Leadership PAC Spor
Designated Agent: Identify			Representa	Leadership PAC Spor
Designated Agent: Identify  Full Name				Leadership PAC Spor
Designated Agent: Identify  Full Name	by name, address (phone number – optic	onal)		
Designated Agent: Identify  Full Name	by name, address (phone number – optic	onal)		Leadership PAC Spor
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optic	onal)	TATE A	
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optic	onal)	TATE A	
Designated Agent: Identify  Full Name	by name, address (phone number – option of the control of the cont	onal)  S  Telephone Nu	TATE  mber	ZIP CODE A
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	by name, address (phone number – option of the control of the cont	onal)  S  Telephone Nu	TATE  mber	ZIP CODE A
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Bank (	by name, address (phone number – option of the control of the cont	onal)  S  Telephone Nu	TATE  mber	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optic	onal)  S  Telephone Nu	TATE  mber	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optic	onal)  S  Telephone Nu	TATE  mber	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spor
COTTON SENATE	E VICTORY 2022		
Mailing Address	901 N WASHINGTON ST, STE 700		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represent	
Connected esignated Agent: Identify			
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee		
Connected esignated Agent: Identify	Organization Affiliated Committee		
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee		ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee X Joby name, address (phone number – optional)	pint Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee X Joby name, address (phone number – optional)	pint Fundraising Represent	ative Leadership PAC S
connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee X Joby name, address (phone number – optional)	pint Fundraising Represent	ative Leadership PAC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail  ame of Bank, Bank O	Organization Affiliated Committee  by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which	STATE A Telephone Number	Leadership PAC S
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, Bank or epository, etc.	Organization Affiliated Committee  by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which intains funds.	STATE A Telephone Number	Leadership PAC S  ZIP CODE
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail  ame of Bank, Bank O	Organization Affiliated Committee  by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.  f Nevada	STATE A Telephone Number	Leadership PAC S  ZIP CODE
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, Bank or epository, etc.	Organization Affiliated Committee  by name, address (phone number – optional)  CITY   CITY   ies: List all banks or other depositories in which ntains funds.  f Nevada	STATE A Telephone Number	Leadership PAC S  ZIP CODE

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
ŝ.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Sponsor
	PROTECT THE H	OUSE 2024		I
	Mailing Address	PO BOX 30844		
		1		1
		BETHESDA	MD	20824
	Relationship:	CITY ▲	STATE A	ZIP CODE A
	Connected		- - - - - - - - - - - - - - - - - - -	
		Zigainzanon Zinimatea Committee Zigainzanon Zigainzano	anaraionig Hoproconic	25ddolonip 1716 Openicor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			1 1 . 1	1
		_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		
		i i i i i i i i i i i i i Tele	ephone Number	
9.	safety deposit boxes or ma	ies: List all banks or other depositories in which the intains funds.	ie committee deposit	s funds, noids accounts, rents
	Name of Bank, Wells F	- argo		ı
	Depository, etc.			
	Depository, etc.	Wells Fargo Bank		
		Wells Fargo Bank 7901 Wisconsin Avenue		
	Depository, etc.		, MD	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraising</b>	Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4			FEC ID number	C
ame of Any Connected (	Organization, Affiliated (	Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address				
	1			
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
			nt Fundraising Represent	ative Leadership PAC S
			nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify			nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify  Full Name			nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phon			ative Leadership PAC Sp
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phon	e number – optional)		
esignated Agent: Identify  Full Name	by name, address (phon	e number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phon	e number – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc.	by name, address (phon	e number – optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phon	e number – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc.	by name, address (phon	e number – optional)	STATE A	ZIP CODE A

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2		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Representa	
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching and the position of Bank, Bank of Bank, Ban	CITY A  Te  ies: List all banks or other depositories in which	STATE   lephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.	STATE   lephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching and the position of Bank, Bank of Bank, Ban	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.  f Nevada	STATE   lephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which intains funds.  f Nevada	STATE   lephone Number	

FEC Form 1S (Revised 02/2017)

(g) or (h).	Joint Fundraising	g Participant:			
	1.		FEC II	O number	С
	2.		   FEC II	O number	С
	3.		   FEC II	O number	C
			   FEC II	O number	C
	7-				
. Nam	ne of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Re <sub>l</sub>	oresentativ	e, or Leadership PAC Sponsor
L					
Ī			1 1 1 1		
	Mailing Address				
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraising	g Representa	ative Leadership PAC Sponsor
ı	Full Name				
1	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Telephone N	umber	
	ks or Other Depositor ty deposit boxes or mai	ies: List all banks or other depositories in vintains funds.	which the commi	ttee deposit	s funds, holds accounts, rents
Nam	e of Bank,, <b>Bank o</b>	f Nevada			
	ository, etc.				
	Mailing Address	8505 Centennial Parkway			
			1 1 1 1 1 1		
		Las Vegas		NV	89149

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected		Fundraising Representa	tive Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank, Chain I	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Testies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Bridge Bank	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Bridge Bank	STATE A	ZIP CODE A

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h). <b>Joint Fundraisi</b> r	g Participant:						
1.				F	FEC ID numbe	r C	
2.				F	EC ID numbe	er C	
3.		<u> </u>		F	EC ID numbe	er C	
4				F	FEC ID numbe	er C	
ame of Any Connected	Organization, A	Affiliated Com	mittee, Joint	Fundraisir	ng Representa	tive, or Lea	adership PAC Spon
Mailing Address							
Relationship:		CITY	<b>Y A</b>		STATE	<b>A</b>	ZIP CODE ▲
	d Organization  y by name, add	Affiliated Co	_		draising Represo	entative	Leadership PAC S
esignated Agent: Identif			_		draising Represo	entative	Leadership PAC S
esignated Agent: Identif			_		draising Represe	entative	Leadership PAC S
esignated Agent: Identif			_		draising Represe	entative	Leadership PAC S
esignated Agent: Identif	y by name, add	ress (phone nu	ımber – optior	nal)			
esignated Agent: Identif	y by name, add	ress (phone nu	ımber – optior	nal)			
esignated Agent: Identif  Full Name  Mailing Address	y by name, add	ress (phone nu	ımber – optior	nal)			
esignated Agent: Identif  Full Name  Mailing Address	y by name, add	ress (phone nu	ımber – optior	nal)	STATE 4		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor	y by name, add	ress (phone nu	imber – option	nal)	STATE A		ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or ma	y by name, add	CITY	imber – option	nal)	STATE A		ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing and ame of Bank, Chain	y by name, add	CITY	imber – option	nal)	STATE A		ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing and ame of Bank, Chain	y by name, add	CITY  hks or other de	imber – option	nal)	STATE A		ZIP CODE A
esignated Agent: Identification Full Name	y by name, add	CITY  hks or other de	imber – option	nal)	STATE A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, add	CITY  hks or other de	imber – option	nal)	STATE A		ZIP CODE A holds accounts, ren

FEC Form 1S (Revised 02/2017)

safety deposit boxes or ma	ries: List all banks o		Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks of aintains funds.  Bridge Bank			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks of aintains funds.  Bridge Bank			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks of aintains funds.  Bridge Bank			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks of aintains funds.	r other depositories in whi		s funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks o	r other depositories in whi		ss funds, holds accounts, rents
TITLE OR POSITION	<b>V</b>		Telephone Number	
TITLE OR POSITION	▼	1	1	1.1
		CITY A	STATE ▲	ZIP CODE ▲
				-:
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (	phone number – optional)		
Connected	d Organization	ffiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
				1 , , , , 1-1
Mailing Address				
Moiling Address	1			
1,,,,,,,,				
Name of Any Connected	Organization, Affilia	ted Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	C
1			FEC ID number	C
3.			FEC ID number	С
			FEC ID number	C

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected		Fundraising Representa	tive Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma  ame of Bank, Chain I	Organization Affiliated Committee Joint  by name, address (phone number – optional)  CITY   CITY   Tellies: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Testies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Bridge Bank	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Bridge Bank	STATE A	ZIP CODE A

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Name of Bank, Depository, etc.  Mailing Address	8302 Woodmont	Ave				
	argo Bank					
Banks or Other Depositor safety deposit boxes or ma	intains funds.	or other depositories in	which the comm	ittee deposit	s funds, h	olds accounts, rents
			Telephone N	Number		
TITLE OR POSITION	▼	CITY A		STATE A		ZIP CODE A
Mailing Address						
Full Name						
Designated Agent: Identify	by name, address	s (phone number – optic	onal)			
Connected	Organization	Affiliated Committee	Joint Fundraisir	ng Represent	ative	Leadership PAC Spor
Relationship:		CITY ▲		STATE ▲		ZIP CODE ▲
			1			1_1
Mailing Address						
Name of Any Connected	Organization, Affi	liated Committee, Joint	t Fundraising Re	presentativ	e, or Lead	lership PAC Sponso
4			FECT	D number	C	
3.				D number	C	
2.				D number	C	
			FEC I	D number	С	